



City of Albany

Title VI/Non Discrimination Complaint Form

The purpose of this form is to assist you in filing a complaint with the City of Albany. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided if you submit something other than this form.

Name* _____
Address* _____ City _____ Zip _____
Telephone*: Home _____ Work _____ Cell _____

Person(s) discriminated against, if different from above:

Name* _____
Address* _____ City _____ Zip _____
Telephone*: Home _____ Work _____ Cell _____

Please explain your relationship to this person(s). _____

Basis of Complaint

Race/Ethnicity ☐
Color ☐
National Origin ☐
Limited English Proficiency ☐

Agency and Department or Program that allegedly discriminated against you?*

Name _____
Address _____ City _____ Zip _____
Telephone _____
Name of Contact _____

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How were you discriminated against?*

Where did the alleged discrimination occur?

Date/s and times discrimination occurred?

First time _____

Second time _____

Third time _____

Were there any other witnesses to the discrimination?

Name	Title	Work Telephone	Home Telephone

What can the Department do to resolve the complaint?

Have you filed your complaint with anyone else?

Who _____

When _____

Complaint number, if known _____

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Do you have an Attorney in this matter?

Name _____
Address _____ **City** _____ **Zip** _____
When did you acquire? _____

Signed _____ **Date** _____

Mail to: **Title VI Coordinator**
 City of Albany
 City Hall – Room 301
 24 Eagle Street
 Albany, New York 12207
 Phone: (518) –434-5296